

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/647270**

FILING DATE

APPLICANT(S)

CLAIMS	*	*	*		
	IND.	DEP.	IND.	DEP.	IND.
1	/				
2	/				
3	/				
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49					
50					
TOTAL IND.	6				
TOTAL DEP.	17	↓	↓	↓	↓
TOTAL CLAIMS	93				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS